



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

MOD006290803
 MIDWEST OIL REFINING CO INC
 1200 WALTON RD
 ST LOUIS, MO 63114
 1200 WALTON RD
 ST LOUIS, MO 63114

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER													APPROVED			DATE RECEIVED (yr., mo., & day)		
MOD006290803																800707 JUL 7 1980		

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS
 STREET OR P.O. BOX
 3 SAME

CITY OR TOWN ST. ZIP CODE
 4 SAME

III. LOCATION OF INSTALLATION
 STREET OR ROUTE NUMBER
 5 SAME

CITY OR TOWN ST. ZIP CODE
 6 SAME

IV. INSTALLATION CONTACT
 NAME AND TITLE (last, first, & job title) PHONE NO. (area code & no.)
 2 G A GETTINGER PRES 314-731-3561

V. OWNERSHIP
 A. NAME OF INSTALLATION'S LEGAL OWNER
 8 G A GETTINGER

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))
 B. TYPE OF OWNERSHIP (enter the appropriate letter into box)
 F = FEDERAL M = NON-FEDERAL
 M
 A. GENERATION B. TRANSPORTATION (complete item VII)
 C. TREAT/STORE/DISPOSE ONLY D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))
 A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION
 Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)
 C. INSTALLATION'S EPA I.D. NO.
 MOD006290803

IX. DESCRIPTION OF HAZARDOUS WASTES
 Please go to the reverse of this form and provide the requested information.

W 110000629080331

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary. WASTE OIL

Table with 6 columns (1-6) and 2 rows of boxes for waste identification numbers.

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

Table with 6 columns (13-18, 19-24, 25-30) and 2 rows of boxes for waste identification numbers.

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

Table with 6 columns (31-36, 37-42, 43-48) and 2 rows of boxes for waste identification numbers.

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

Table with 6 columns (49-54) and 2 rows of boxes for waste identification numbers.

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

[X] 1. IGNITABLE (D001)

[] 2. CORROSIVE (D002)

[] 3. REACTIVE (D003)

[] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: G.A. Gettinger

NAME & OFFICIAL TITLE (type or print): G.A. GETTINGER, PRES

DATE SIGNED: 6-23-80

RCRA RECORDS CENTER R00340508

